

3736

PATENT

Attorney Docket No. INS-31061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of : Alan R. Hirsch

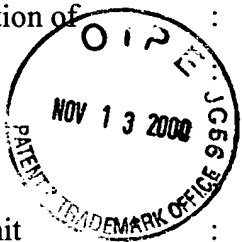
Serial No. : 09/211,507

Filing Date : December 14, 1998

For : USE OF ODORANTS TO ALTER VAGINAL BLOOD FLOW

Group Art Unit : 3736

Examiner : C.Tate



CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

- deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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- ☐ transmitted by facsimile to Fax No _____ addressed to Examiner _____ at the Patent and Trademark Office

Date: 11-8-00

Michael Hargreaves

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TRANSMITTAL

1. Transmitted herewith is: Response to Restriction/Preliminary Amendment.
Supplemental Information Disclosure Statement; Form 1449; References

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee or	Rate	Addit. Fee
Total 31	Minus	42	=		x9= \$		x18=	\$
Indep. 3	Minus	3	=		x39= \$		x78=	\$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+115=\$		+230=	\$
					TOTAL ADDIT. FEE \$		or TOTAL ADDIT. FEE	\$

- c. ☒ No additional fee for claims is required.

OR

- d. ☐ Total additional fee for claims required \$_____.

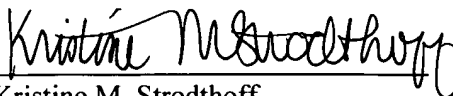
FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053.
If any additional fee for claims is required, charge Account No. 23-2053.

Reg. No. 34259
Tel. No.: (414) 273-2100

Date: November 8, 2000

Customer No.: 022202


Kristine M. Strodthoff
Whyte Hirschboeck Dudek S.C.
111 East Wisconsin Avenue
Suite 2100
Milwaukee, WI 53202